Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Additional provisional application

supplemental priority data sheet PTO/SB/02B attached hereto.

numbers are listed on a

112,811

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Attorney Docket Number

	ATION FOR	First Named Inve	entor Da	avid F.	McNary					
	UTILITY OR DESIGN COMPLETE IF KNOWN									
PATENT A	PPLICATION	Application Number	er	***						
□ Declaration □ D	☐ Declaration	Filing Date		· · · · · · · · · · · · · · · · · · ·						
	R Submitted after	Group Art Unit		·						
Filing	Initial Filing	Examiner Name				_				
As a below named inv	entor, I hereby declare that:									
My residence, post offic	e address, and citizenship are as	stated below next to my	name.							
I believe I am the origina names are listed below)	al, first and sole inventor (if only o of the subject matter which is cla	ne name is listed below) imed and for which a pate	or an original, t ent is sought o	first and joint inv n the invention o	rentor (if plural entitled :					
Puck-def	lecting Training	g Device								
the specification of which (Title of the Invention)										
is attached hereto										
	OR was filed on (MM/DD/YYYY) as United States Application Number or PCT International									
Application at 1 of minimum of										
I hereby state that I have reviewed and understand the contents of the above identified continuous including the claims are										
amended by any amend	amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, 5 1.56.									
§ 1.56.	disclose information which is ma	terial to patentability as d	lefined in Title	37 Code of Fede	eral Regulations,					
	nty benefits under Title 35, Unite ate, or §365 (a) of any PCT international application any PCT international application	d States Code §119 (a)- national application which tifled below, by checking n having a filing date be	(d) or § 365(b) designated at the box, any fore that of the	of any foreign least one count foreign applicat application on	application(s) fo ry other than the lion for patent o which priority is	or B Or S				
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed							
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I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

Filing Date (MM/DD/YYYY)

02/05/2003

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the Individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Application Number(s)

60/445,117

PTO/SB/01 (3-97)
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I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.												
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Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent												
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		ed practitioner(s)) named o	n supplementa	al Registerer	l Practitioner	Information sh	eet PTO/SB/	/02C atta	ched her	eto.	
Direct all corr	Direct all correspondence to: Customer Number or Bar Code Label OR X Correspondence address below								ress below			
Name .		William Nitkin										
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punishable by f	I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.										o made are	
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